



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 24, 2003.

Appl No.

: 09/522,184

Confirmation No. 2290

Applicant Filed

: Henry Li, et al. : March 9, 2000

Title

: VOICE AND DATA EXCHANGE OVER A PACKET BASED NETWORK

MMW BUN

TC/A.U.

: 2661

Examiner

: David Robert Vincent

RECEIVED

Docket No.

: 36941/PAN/B600

Customer No.: 23363

DEC 3 1 2003

Technology Center 2600

#### AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Post Office Box 7068 Pasadena, CA 91109-7068

December 24, 2003

## Commissioner:

In response to the Office action of September 24, 2003, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 21 of this paper.



**PATENT** 

# THE UNITED STATES PATENT AND TRADEMARK OFFICE AMENDMENT TRANSMITTAL LETTER

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**Applicant** 

: Henry Li, et al.

Application No. Filed

: 09/522,184 : March 9, 2000

Title

: VOICE AND DATA EXCHANGE OVER A PACKET BASED REFUNE VED

Grp./Div.

: 2661

DEC 3 1 2003

Examiner

: David Robert Vincent

**Technology Center 2600** 

Docket No.

: 36941/PAN/B600

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

PostOffice Box 7068 Pasadena, CA 91109-7068 December 24, 2003

### Commissioner:

Enclosed is an amendment to the above-identified application.

		CLAIN	AS AS AME	NDED		
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	94	*94	0	x \$9.00	x \$18.00	
Independent Claims	6	** 6	0	x \$43.00	x \$86.00	
Multiple Dependent Claims ***				\$145.00	\$290.00	
TOTAL FILING FEE						
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					

- \* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3
- \*\* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3
- \*\*\* PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME
- \*\*\* IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"

Attached is our check for \$ to pay the fees calculated above.
A Petition for Extension of Time and the required fee are enclosed.
Other enclosures:

# Amendment Transmittal Letter Application No. 09/522,184

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A copy of this letter is enclosed.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

Ву.

Art Hasan Reg. No. 41,057 626/795-9900

PAN/cks

AMB PAS538177.1-\*-12/24/03 1:04 PM